# Exhibit 1

By 1

0949028100599-4

.... **990**. 1

Return of Or Under section 501(c) o trust or private founds

### n Exempt From Income Tax

Revenue Code (except black lung benefit ction 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public

A	For	trie 1993 calend	ar year, OR tax year period beg	inning MAY 1	, 1993, and end	<del></del>	PRIL 30, 1994
В	Chec	k if: Pleas			, , , , , , , , , , , , , , , , , , , ,		oyer identification number
X	Initial	return labe		TERNATIONAL FOL	NOATION		3823186
	Final r	print	Number and street (or P.O. box	f mail is not delivered to stre	eet address) Room/suite		registration number
_		ded return See	1 P.O. Box 548		i i		
	Chang	e of instru	City, town, or post office, state,	and ZIP code 60482	<del></del>	F Check	
G	Type	of organization—				L	is pending
No	te: Se	ction 501(c)(3) e	► ☑ Exempt under section 501 xempt organizations and 4947(a)	(1) nonevernat charitable	nder) OR ► section	n 4947(a)(	(1) nonexempt charitable trust
HI:	a) le thi	s a group return fil	ed for affiliates?				
••(•		a group return in	so for annates?	∐ Yes ⊠ I			ked "Yes," enter four-digit group
(L	) If "Ye	es," enter the numb	per of affiliates for which this return is	filed: N/A		· -	) ▶
			filed by an organization covered by a		→ J Accounting m		Cash Accrual
ĸ			organization's gross receipts are non			ot file a see	
	a rui	m 990 Package in	the mail, it should file a return without	financial data. Some states	require a complete retu	ım.	
No	te: Fo	rm 990-EZ may i	be used by organizations with gro	ss receipts less than \$10	0,000 and total assets	less than	\$250,000 at end of year
P	art I	Statement	of Revenue, Expenses, a	nd Changes in Net	Assets or Fund	Balance	as
	1		, gifts, grants, and similar am				
	a	Direct public	support . SEE SCH "!"	1a	1,163,230		
	b		a attraceut	1b			·
	c		contributions (grants)	1c	-		•
	d		es 1a through 1c) (attach sched	ule—see instructions)	· · · · · · · · · · · · · · · · · · ·		
	1	(cash \$	noncash \$	)	•	1d	1.163,230
	2	Program servi	ce revenue including governme	nt fees and contracts (fr	om Part VII line 93)	2	1,100,000
	3	Membership	dues and assessments (see in	structions)		3	
	4		vings and temporary cash inv			4	_
	5		interest from securities .			5	-
	6a	Gross rents		. 6a	,		,
	b		xpenses				
	С	Net rental inc	ome or (loss) (subtract line 6b	from line 6a)		6c	<b></b>
9	7	Other investm	ent income (describe 🕨 📙		)	7	
Revenue	8a	Gross amoun	t from sale of assets other	(A) Securities	(B) Other		
æ		than inventory		8a			
	b		her basis and sales expenses.	8b			
	C		(attach schedule)	8c			
	d	Net gain or (lo:	ss) (combine line 8c, columns (/	) and (B))		8d	
	9		s and activities (attach schedu				
	а	Gross revenue	e (not including \$	of			
	١.	contributions	reported on line 1a)	<u>9a</u>			The state of the property of
	D	Less: direct e	xpenses other than fundraising	g expenses . 9b	J		ar y
	10-	Net income of	(loss) from special events (su	btract line 9b from line		9c	SEP 9 11 100 1
	10a	Gross sales of	inventory, less returns and al			-	SACO
	b	Less: cost of		<u>10b</u>		-1111111	SAS CITY, MO 64999
	С 41	Other reverse	loss) from sales of inventory (atta (from Part VII, line 103)				1132 110 04999
	12	Total revenue	(add lines 1d, 2, 3, 4, 5, 6c, 7,	8d 9c 10c and 11)		11	-
7	13	Program positi	200 from line 44	od, 90, 100, and 11) .	· · · · · · ·	12	1,163,230
S	14	Managament	ces (from line 44, column (B)-	-see instructions)		13	210,461
Expenses		Fundraising #	and general (from line 44, column (D)	mn (C)—see instruction	ons)	14	134,688
8	18	Payments to a	om line 44, column (D)—see i iffiliates (attach schedule—see	nstructions)		15	
	17	Total expense	s (add lines 16 and 44, colum	r mstructions) ,     ,     . nn (A))		16	
g]	18		icit) for the year (subtract line		<del></del>	17	945149
25	19	Net assets or	fund balances at beginning of	VAR from the 74	· · · · · · · · · · · · · · · · · · ·	18	218,081
Net Assets	20	Crimic cumuõet	I IN NOT ASSETS OF fund balance	III (attach explanation)		19	
	2.1	LAST WOOD STATE	The second of th	mhine lines 19 10 and	20)	20	210 081
or	Pap <b>er</b>	work Redu <b>blis</b>	AND THE PROPERTY OF THE PARTY O	eparate instructions.	Cat No. 1		218,081
				*			1000 (0000)

For	1 990 (1993) BENEVOLENCE INTIL	Foun	<i>ΙΟΑΤΙΟΝ</i>			s - 3843186 30-94 Page,
Pa	Statement of All organizations organizations and	must c	omplete column (A). (	Columns (B), (C), and npt charitable trusts b	(D) and required to	12 2-044 34-5 1 1 1
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Sch. 3					
	(cash \$ 786,521 noncash \$)	22	786,521	786,521		
23	Specific assistance to individuals (attach schedule)	23		-		
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25				N/
26 27	Other salaries and wages	26	30,546	15,273	15273	/A
28	Pension plan contributions	27				
29	Other employee benefits	28 29	1,328	<del></del>	<del></del>	<del> </del>
30	Professional fundraising fees	30	1,220	664	Amman & Ham	d
31	Accounting fees	31				<b></b>
32	Legal fees	32	3.489	-	2 1/00	<del> </del>
33	Supplies	33	21,246		3,489	<del>                                     </del>
34	Telephone	34	12.833	<del></del>	12,833	<del></del>
35	Postage and shipping	35	8,858			<del></del>
36	Occupancy	36	21,890		8,858	<del>  </del>
37	Equipment rental and maintenance	37	2/10/0		21,890	<del>  </del>
38	Printing and publications	38	5,792	-	5,792	<del> </del>
39	Travel	39	15,613		15,613	<del>  </del>
40	Conferences, conventions, and meetings	40		_		<del>                                     </del>
41	Interest MISCELLANEOUS	41	3,954	-	3,954	<del>                                     </del>
42	Depreciation, depletion, etc. (attach schedule)	42	3,165	-	3,165	
43	Other expenses (itemize): a PROMOTIONS	43a	903	1	903	<del></del>
b	CAWADA OFFICE EXPENSES	43b	16,572	_	16,572	
C	AUTO EXPANSE	43c	3,700	-	3.700	
d	SECURITY	43d	736	_	736	
е	AOVERTISING	43e	8,003	8,003		
44 	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	945,149	810,461	134,688 .	
Rep educ	orting of Joint Costs.—Did you report in column cational campaign and fundraising solicitation?	(B) (F	rogram services)	any joint costs fro	m a combined	L
lf "Ye	enter (i) the aggregate amount of these initiation?			· · · · · · ·		☐ Yes 🛣 No
(iii) ti	es," enter (i) the aggregate amount of these joint costs the amount allocated to Management and general \$	5 \$	; (ii) the	amount allocated t	to Program services	s \$;
Par	t III. Statement of Program Service Acco	mali	A; and (iv) the	amount allocated	to Fundraising \$	
Desc	rihe what was achieved in carrying out the	unbn:	siments (See in	istructions.)		<del></del>
	ribe what was achieved in carrying out the organizat umber of persons benefited; or other relevant informations section 4947(a)(1) nonexempt charitable trusts must a					Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional
a j	THE CREANIZATION AIMS AT HELPING THOSE	WHO	ARE TU NEON	THROUGUE T.	15-1. Jan. 1	for others.)
	LNCLUDING BUT NOT LIMITED TO THE COL	1 4 204 / 1	TIME & DOWN IT	1911 11 F. Ca 1-91 (	17 - 11 -	
	SCIENTIFIC INSTITUTIONS OF ALL KIN	105, (	CULTURAL AND M	FLICIALLE PART	RES ORDINA	
	' SUCIAL DECINE SEMIERS (SUBPIXEMENT)	<b>W</b> I all	is and allocations	*	\ \ \ \	3
₺.	OF ORDINAS AND CARING FOR THE NE	ו אמבו	FAMILIES WHO!	HAUE NO SUPPO	DETER THE	
	SUMPLEATION HOW PRINTING OF HO	ONC	Y TARES AC.	Au Vilar A.	1.1 A	
-	THE 15SUANCE UP NEWSPAPERS MAG	オマル	ES HOD PUBLIC	ATIONS FOR F	OUCHTIONAL,	810,461
	CULTURAL & GUIDANCE PURPOSES.	(Gran	ts and allocations	\$	)	07-77-07
C						
-		• • • • • • •				
		(Cvan)	s and allocations	·		-
d		(Grail)	a and anocations	Ф	)_	· · · · · · · · · · · · · · · · · · ·
ч		·	<u></u>			
••						
_		Grant	s and allocations	\$	·····	Marie .
e O	ther program services (attach schedule) (	Grant	s and allocations	\$	<del></del>	***
f To	otal (add lines as he said to be 14 count fire, 44,	colun	nn (B), Program se	ervices)		810.461
	<b>建筑建筑和北海湖北海湖北</b> 湖流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流			<u></u>		

FORM 999 (1993) BENEVOLENCE INTIL FOUNDATION

E/N: 36-3823186 Y/E: 4-30-94. Page:3

#### Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
Assets			
45 Cash—non-interest-bearing		45	201,225
46 Savings and temporary cash investments		46	~-
47a Accounts receivable	_		
b Less: allowance for doubtful accounts 47b		47c	
48a Pledges receivable			
b Less: allowance for doubtful accounts		48c	
49 Grants receivable		49	_
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)	-	50	<u>.</u>
51a Other notes and loans receivable (attach schedule) 51a			-
b Less: allowance for doubtful accounts 51b		51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges	-	53	
54 Investments—securities (attach schedule)	_	54	~
55a Investments—land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		55c	
56 Investments—other (attach schedule)		56	
57a Land, buildings, and equipment; basis 57a 19,956			
b Less: accumulated depreciation (attach schedule) 57b 3 1 \(\omega 5\)		57c	16,791
58 Other assets (describe ► R-WT Security DEPOSIT )	=>''	58	800
59 Total assets (add lines 45 through 58) (must equal line 75)		59	218,816
Liabilities		1111111	
60 Accounts payable and accrued expenses		60	735
		61	
		62	
		<del></del>	
63. Loans from officers, directors, trustees, and key employees (attach schedule).		63	
64a Tax-exempt bond liabilities (attach schedule)		64a	
b Mortgages and other notes payable (attach schedule)	7~	64b	<del></del>
65 Other liabilities (describe ► )   66 Total liabilities (add lines 60 through 65)		65	
		66	<u> </u>
Fund Balances or Net Assets  Organizations that use fund accounting, check here ► ⊠ and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
67a Current unrestricted fund	-	67a	47,676
		67b	170,405
			170,703
		68	
69 Endowment fund		69	
70 Other funds (describe ►)		70	
Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75 (see instructions).	•		
71 Capital stock or trust principal		71	
72 Paid-in or capital surplus		72	
73 Retained earnings or accumulated income		73	
74 Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal			218,081
line 21) .  75 Total liabilities and fund belances/net assets (add lines 66 and 74) .		74	
To the reputition with fully personal assets (and lines on and 74)		75	218,81/2

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How to the information presented on its return. Therefore, please m

•	· ·			EIN: 36	787	3016	, <del>'</del>
For	m 990 (1993) BENEVOLENCE INTIL FOUN	MOTTER		U/	_	~ I	_
Ρ	art V List of Officers, Directors, Trustees, an	d Key Employees (List ea	ich one even if no	ot compensated	<u>30-</u>	74 ostovo	Page 4
	(A) Name and address	(B) Title and average hours per	(C) Compensation	(D) Contributions to	3	E) Expe	
_		(B) Title and average hours per week devoted to position	(if not paid, enter -0-)	employee benefit plans & deferred compensation	acco	ount an	d other
	POEL ABOUL JAIL BATTERTEE	PRESIDENT-PART	-0-	A O N E		allowan ا له زن ل	
	HAHIR RADUL RAGOF BATTER JEE	V.PPHET	-0-	NONE Noste	<del></del>	ONE	
	1121N M.S. BARRACTI	SECY - PART	-0 -	NOUE	+	10.00	
	ENAM ARNAOUT	EXEC. DIR FOLL	11,146	100,015	d	TOVE	
			77770		<del>                                     </del>		<u> </u>
	2		***************************************				
!.t	BE CONTRATED AT: RO. GOX 548, W	TOTALS		NONE		ואטנ	5
Did	any officer, director, trustee, or key employee receive	aggregate					
org	anization and all related organizations, of which more t	han \$10,000 was provided by	more than \$100,0	000 from your		_	٦.
If "	Yes," attach schedule—see instructions.	Tidit \$10,000 was provided b	y the related orga	anizations? ►	Y <sub>t</sub>	es 🗅	No
Pa	rt VI Other Information		<del></del>				
76		ted to the IDCO Way.	·			Yes	No
77	Did the organization engage in any activity not previously report	ted to the IHS? If "Yes," attach a	detailed description	of each activity.	76		X
	Were any changes made in the organizing or gove if "Yes," attach a conformed copy of the changes	erning documents, but not i	reported to the I	RS?	77		X
78a	Did the organization have unrelated business gross income	·		_			
b	Did the organization have unrelated business gross inco	ine of \$1,000 or more during	the year covered b	y this return?	78a		<u>×_</u> ,
79	If "Yes," has it filed a tax return on Form 990-T, Exer	npt Organization Business Inc	ome Tax Return,	for this year?	78b	$\mathcal{N}$	JA
	Was there a liquidation, dissolution, termination, or substantial co	ontraction during the year? If "Yes,"	' attach a statement; s	see instructions.	79		X
000	Is the organization related (other than by association w	vith a statewide or nationwide	organization) thro	ough common			V 1
	memberemp, governing budges, trustees, utilicels, etc., to s	inv diner exempt or nonevernet	organization? (See	instructions.)	80a		<u>х</u> с
_		N/H	• • • • • • • • • • • • • • • • • • • •				
Q1a	Enter the amount of political and	check whether it is	exempt OR 🔲	nonexempt.			
Ola	Enter the amount of political expenditures, direct or indirect	ect, as described in the instru	tions 181a	10115			
U	Did the organization file Form 1120-POL, U.S. Income T	ax Return for Certain Political	Organizations for	this year?	81b	N	777
62a	bid the organization receive donated services or th	e use of materials, equipme	ent, or facilities a	at no charge			
	or at outstantially less than fall fental value?				82a		χ
D	If "Yes," you may indicate the value of these items is	nere. Do not include this am	ount as			WIII!	
83	revenue in rant roll as an expense in Part II. (See in	structions for reporting in D	ort 111 \ 182h	N/A			
	Did the organization comply with the public inspection	on requirements for returns	and avamation a	oplications?	83	X	
04a	and organization solicit any contributions or oil	is that were not tay doducti	ib/o2	1.4	34a		X
Đ	If "Yes," did the organization include with every so or gifts were not tax deductible? (See Goneral leather	licitation an express statem	nent that such co	ontributions	WW.		
_	s - The ties doddonbie: (Oce General Insti	HCHOD MET		1 6	34b	N	4
85 L	Section 501(c)(4), (5), or (6) organizations.—a Were sub-	stantially all dues nondeductil	ble by members?		35a	11/	14
D,	old the organization make only in-house lobbying a	expenditures of \$2 non or to	ess?		35b	N	河
_	If "Yes" to either 85a or 85b, do not complete 85c	through 85h below.			W	RIIII.	
ر	Dues, assessments, and similar amounts from men	nbers for January 1994 and	later .  85c	NA			
u	Section 162(e) lobbying and political expenditures a	after December 1993	. 85d	N/2			
e	Aggregate nondeductible amount of section 6033(e	)(1)(A) dues notices	85e	Whit			<b>                                     </b>
f	Taxable amount of lobbying and political expenditures (I	ine <b>85d</b> less <b>85e; (</b> see instruct	tions.) . 85f	WA			<b>       </b>
9	boes the organization elect to pay the section 6033	(e) tax on the amount in Re	540	8	5g	1	ÄT
*1	Does the organization elect to add the amount in	85f to its reasonable anti	imate of dues a	illocable to		7	7
	and political experimitures to	or the following tax year?		8	5h	NY	Ť
JU	Section 501(c)(1) organizationsEnter:			· · · · ·	IIIII	<i>IIIII</i>	<b>80</b>
a	Initiation fees and capital contributions included on	line 12	86a	NA			
U	Cross receipts, included on line 12, for public use of	of club facilities (See instrue	+ia \   86h	NIA			
,, a	Section 50 (c)(12) organizations.—Enter: Gross incor	ne from members or shareb	oldoro 87a	NIA			
D	Gross income from other sources. (Do not net amou	ints due or paid to other so	urces				
	against amounts due of received from them.)		R7h	1/15			
8	At any time during the year, did the organization own	a 50% or greater interest	in a tavable com	poration and			
•	Too, complete fait IX		a taxable con		8	mistin	
9 /	-ublic interest law firms.—Attach information descri	bed in the instructions		6	<u>- 1</u>		4
υı	-ist the states with which a conv of this roturn is sign	- * / /_/_/////					
	The books are in care of ► END ADAD HEALTH	ルップ	Telephone no	►1308 \ - )	22	- <i>D</i> / 2	<u>`````````````````````````````````````</u>
ا . د	ocated at PU BOK SUB, WORTH, I	S		ZIP codo > 2	00	العام (تراقم	201
2 3	Section 4947(a)(1) nonevernot chantable trusts filling Form on	Timber of Committee and	uciary Income Tev	ZIF CODE ► <u>.</u> ( <u>C</u> Return should ak-	~\.Z.Z.(	. <i></i>	Ä
		crued during the tax year	. ▶   92	inclurit, anoulu Che	ok ne	ie 🟲 1	U
	BUBLICANS			······································			

art	$(1993)$ $B_{ENEVOLENCE}$ $I_{VI}$ . Analysis of Income-Producing		1/A	······································	Y/E: 4	
nter	gross amounts unless otherwise	<del></del>	business income	Excluded by sect	ion 512, 513, or 514	(E)
ndica	<del>-</del>	(A)	(B)	(C)	(D)	Related or exe function incor
	Program service revenue:	Business cod	e Amount	Exclusion code	Amount	(See instruction
a . b						
C .			<del>-</del>	· [		
_			<del></del>			
e				+		<del></del>
f _				<del></del>		
g: F	ees and contracts from government agenc	ies		<del> </del>		
4 N	Membership dues and assessments					
5 li	nterest on savings and temporary cash investme	nts				
6 E	Dividends and interest from securities					
7 · N	let rental income or (loss) from real estate:					
a d	ebt-financed property					
b n	ot debt-financed property	.				
BN BC	et rental income or (loss) from personal proper	ty	<del> </del>			
) G	Other investment income	•	-			
0 G 1 N	ain or (loss) from sales of assets other than invento let income or (loss) from special events	ory	<u> </u>			
2 G	ross profit or (loss) from sales of inventory	, ·		<del>                                     </del>		
3 0	ther revenue: a	' ·				
			<del> </del>			
c _			<u> </u>			<del></del>
d _						
e _			<del></del>			
te: (L irt V	ototal (add columns (B), (D), and (E))  FAL (add line 104, columns (B), (D), and (E)  fine 105 plus line 1d, Part I, should equal to  Relationship of Activities to the	))	e 12, Part I.) ent of Exempt	Purposes	. <b>&gt;</b>	
te: (L	AL (add line 104, columns (B), (D), and (Eine 105 plus line 1d, Part I, should equal the Relationship of Activities to the	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ine No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (L Irt V ne No	AL (add line 104, columns (B), (D), and (E ine 105 plus line 1d, Part I, should equal to Relationship of Activities to the Explain how each activity for which income	ne amount on line Accomplishm	e 12, Part I.) ent of Exempt	Purposes ,	J/4	complishment
te: (Lint Vine No	FAL (add line 104, columns (B), (D), and (Eine 105 plus line 1d, Part I, should equal tited and the Relationship of Activities to the Explain how each activity for which income of the organization's exempt purposes (other line).	)). ne amount on line Accomplishm se is reported in co ther than by providi	e 12, Part I.) ent of Exempt lumn (E) of Part Vi ing funds for such	Purposes /	ンノキ portantly to the ac instructions.)	
rt IX	Information Regarding Taxable Superactions and employer identifications.	bsidiaries (Con	e 12, Part I.) ent of Exempt llumn (E) of Part Vi ing funds for such	Purposes / ll contributed impourposes). (See	oortantly to the acinstructions.)	
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## FOCM 990 SCHEDULE "2"

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FORM 990 - Depreciation Schedule Reference Part II, Line 42

Name_	BENEVOLENCE	INT.L	FOUNDATION	
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F.E.I.N. 36-3823186

	·	Depreciat	ion	·	<del></del>	
A. Description of property	8. Date acquired	C. Cost or other basis	D. Depreciation allowed or allowable in earlier years	E. Method of figuring depreciation	F. Life or rate	G. Deduction for this year
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Organization Exempt Under Section 501(c)(3) SCHEDULE A OMB No. 1545-0047 (Except Private Foundation), and Section 501(e), 501(f), 501(k), (Form 990) or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information

Must be completed by the above organizations and attached to their Form 990 (or 990EZ). 1993 Department of Treasury Internal Rev. Service Name of the organization Employer identification number ETHUIC OMMUNICATIONS OUTLET 36-3139426 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part (See instructions.) (List each one. If there are none, enter "None.") (b) Title and average (a) Name and address of employee paid (e) Expense account and other allowances (d)Contributions to hours per week devoted to position (c) Compensation more than \$30,000 empl. benefit plans & deferred compensation NONE Total number of other employees paid over \$30,000 . . . . . Part II Compensation of the Five Highest Paid Persons for Professional Services (See instructions.) (List each one. If there are none, enter "None.") (a) Name and address of each person paid more than \$30,000 (b) Type of service (c) Compensation Total number of others receiving over \$30,000 for NONE Part III Statements About Activities Yes During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?.... 1 If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: a Sale, exchange, or leasing of property?..... b Lending of money or other extension of credit?..... 2b 2c d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?. ふたらいいい 2d 2e If the answer to any question is "Yes," attach a detailed statement explaining the transactions. 3 Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans

from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)

For Paperwork Reduction Act Notice, see instructions to Form 990 (or Form 990EZ).

Schedule A (Form 990) 1993

chedul	le A (Form	990) 1993 <i>Bc7</i>	NEVOL	ENCE	INT'L For	NOTTAGUL	•	<i>Ϋ/ε</i> :	4-30-9	4 Page
					on Status (See in		nitions.)			
he orga	anization is	not a private four	ndation be	cause it is (	please check only C	NE applicable bo	):			
5 🛚	A church	, convention of cl	hurches, o	r associatio	n of churches. Section	on 170(b)(1)(A)(i).				
6 🛚	A school	. Section 170(b)(1	)(A)(ii). (A	lso complet	e Part V, page 3.)					
7 H	i			•	anization. Section 17	0(b)(1)(A)(iii).				
8 H	A Federa	al, state, or local g	overnmen	t or govern	mental unit. Section	170(b)(1)(A)(v).				
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rovide	the following	ng information ab	out the su	pported org	anizations. (See Inst	ructions for Part IV	/, line 13.) <i>、</i> ル	<u> </u>		
			<b>/</b> 2)	Nama(s) of	f supported organiza	ition(s)			(b) Lir	ne number
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	57.41. 3.		- <del></del> -
Sche	dule A (Form 990) 1993 BENEVOLENCE INTIL FOUNDATION 9/8: 4-3		
	Support Schedule (continued) (Complete only if you checked a box on lines 10, 11, or 12.)		
27	Organizations described on line 12:		
а	Attach a list, for amounts shown on lines 15, 16, and 17, to show the name of, and total amounts received in each year from "disqualified person." Enter the sum of such amounts for each year:	n, each	
	(1992) N/A (1991) N/A (1989) N/A (1989) N	<u>IA</u>	
b	Attach a list to show, for 1989 through 1992, the name of, and amount included in line 17 for, each person (other than a "di from whom the organization received, during that year, an amount that was more than the larger of (1) the amount on line 2 (2) \$5,000. Include organizations described in lines 5 through 11, as well as individuals. After computing the difference between dand the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each (1992) W/A (1991) W/A (1999)	25 for the year veen the amou year;	or
28	For an organization described in line 10, 11, or 12, that received any unusual grants during 1989 through 1992, attach a list		
	open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief nature of the grant. Do not include these grants in line 15. (See Instructions.)		f the
	Private School Questionnaire N/A (To be completed ONLY by schools that checked the box on line 6 in Part IV)		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other	Yes	No
	governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	320	
Ŭ	student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	Helitrani
	Admissions policies?	33b	
	Employment of faculty or administrative staff?	33c	
	Scholarships or other financial assistance? (See instructions.)	33d	
0	Educational policies?	33e	
Ţ	Use of facilities?	33f	
_	Athletic programs?	33g   33h	
11	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
342	Does the organization receive any financial aid or assistance from a governmental agency?	34a	million.
	Has the organization's right to such aid ever been revoked or suspended?	34b	
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev.		
	Proc. 78-60, 18-60, (See Instructions for Part V.)	35	

	chedule A (Form 990)				•	Pogo					
ı	Pariving Lobbying Expenditures by Electing Public Charities (See instructions.)										
_	· (lo be	completed ONLY by a	ın eligible organization th	nat filed Form 5768)	NA	•					
	heck here ► a     heck here ► b	f the organization belon	gs to an affiliated group	(see Instructions).							
<u> </u>	instructions).										
	Limits on Lobbying Expenditures  (a)  Affiliated group  To be completed										
=		term "expenditures" me			totals	To be completed for ALL electing					
30	5 Total lobbying expen	ditures to influence publ	ic opinion (grassroots lo	bbying)	3	organizations					
3	<ul> <li>Total lobbying expen</li> </ul>	ditures to influence a leg	islative body (direct lobb	oving)	7	<del></del>					
30	o lotal lobbying expen	ditures (add lines 36 and	1 37)		3						
ئ: ۸/	Other exempt purpos	se expenditures (see Par	t VI-A instructions)		3						
41	lotai exempt purpose	expenditures (add lines	s 38 and 39) (see instruc	tions)							
7	If the amount on line	amount, Enter the amou									
			The lobbying nontaxable	e amount is							
	Over \$500,000 but no	ot over \$1,000,000 \$	or the amount on lin	θ 40							
	Over \$1,000,000 but i	not over \$1,500,000 . \$	175,000 plus 15% of the exce	ss over \$500,000							
	Over \$1,500,000 but i	not over \$17,000,000 \$	225 000 plus 10% of the exce	ss over \$1,000,000	III ANNIOONNESSENDOONESSEN	No. (II Bullett control particular and a					
	Over \$17,000,000		1,000,000								
42	Grassroots nontaxable	e amount (enter 25% of	line 41)	·····							
43	Subtract line 42 from	line 36. Enter -0- if line	42 is more than line 36	· · · · · · · · · · · · 42							
44	Subtract line 41 from	line 38. Enter -0- if line	41 is more than line 38.	44	-	<del> </del>					
	Caution: File Form 47	20 If there is an amount	on either line 43 or line	44.							
		4Yea	r Averaging Period	Under Section 5	01(h)						
	(Some o	organizations that made	a section 501(h) election	do not have to comple	te all of the five columns	below.					
_			See the instructions for	lines 45 through 50.)	<u>.                                    </u>						
			Lobb	Ving Expenditures Du	ing 4-Year Averaging F	laula d					
Cal	endar year (or fiscal	(a)		T	The state of the s	enod					
	year beginning in) ▶	1993	<b>(b)</b> 1992	(c)	(d)	(e)					
	Lobbying nontaxable	1000	1992	1991	1990	Total					
	amount (see Instructions)			·							
16	Lobbying ceiling amount (150%										
	of line 45(e))										
• •	Total lobbying expenditures										
IΩ	(see instructions) Grassroots non-	· · · · · · · · · · · · · · · · · · ·		<del></del>							
	taxable amount (see instructions)										
_	Grassroots ceiling amount (150%			THE BEST HEREBELLE BEST CONTROL OF THE SECOND CONTROL OF THE SECON	CONTRACTOR OF THE PARTY OF THE						
n	of line 48(e))										
	of line 48(e))										
	of line 48(e))										
	of line 48(e))	ng Activity by Nor	nelecting Public C	narities ^//	<u> </u>						
Pa	of line 48(e))	ng Activity by Nor	at did not complete Part	VI-A)							
<b>Pa</b> urii	of line 48(e))	orting by organizations the particular of the pa	eat did not complete Part Jence national, state or k	VI-A)	gany						
urii ten	Grassroots lobbying expenditures (see instructions)  Lobbyi (For repond the year, did the orgunation of the influence public	orting by organizations the panization attempt to influo painion on a legislative r	nat did not complete Part nence national, state or lo matter or referendum, thr	Vi-A)  ocal legislation, including	g any Yes No	Amount					
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Schedu	e A (Form 990) 1993 Information Exempt Orga	Regarding	Transfers To and Transa	ctions and Relationships With Nor	charit	able	Page
51 Die	the reporting organizati	on directly or	indirectly engage in any of the fell				
the	Code (other than section	n 501(c)(3) or	ganizations) or in section 527, rela	ting to political organizations?	section	501(c	) of
	anarara marri ata tabornif	J OLYKIIIZEUON	IO & noncharitable exempt organis	ation of		<u></u>	<del></del>
(1	Casii ,			•	E4=10	Yes	
		• • • • • • • • • • • •	******************	***************************************	51a(i)	<del> </del>	X
					a(II)	<del> </del>	X.
(1)	Sales of assets to a no	oncharitable e	xempt organization		- 0	[	
			ILGUIU UXHLIIDI OTABAIZADAN		b(I)	<u> </u>	X
(111)	<del>-</del>	7			b(ii)		ĮX,
(lv)					p(III)		X
(v)					b(iv)	L	X
(vi)					b(v)		X
C Sha	ring of facilities, equipm	ent, meiling lis	ts, other assets, or paid employees		b(vi)		X.
a it th	e answer to any of the a	bove is "Yes,"	complete the following schedule.	Column (b) should always show the fair marke	_ c		$X_{-}$
or s	haring arrangement, sho	ices given by i w in column (	the reporting organization. If the ord d) the value of the goods, other as	Column (b) should always show the fair market ganization received less than fair market value	t value o	f the ransac	noitc
(a)	(b)	<u> </u>		The state of the s			
Line no.	Amount involved	Name of	(c) noncharitable exempt organization	Description of the			
N	N	1	W/	Description of transfers, transactions, & sha	aring arra	ıngen	ents
11	/A		/A	N/			
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2a is the	Organization directly or i	ndiroctly offile	And with				
sectio	n 501(c) of the Code (ot	her than socia	ted with, or related to, one or more on 501(c)(3)) or in section 527?	tax-exempt organizations described in			—
	," complete the following		on 301(c)(3)) or in section 527?		Yes	⊠ N	io
	(a)	g dolleddie.	T		-	Д.	•
	Name of organization		(b)	(c)			_
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### FORM 990 A SCHEDULE "1"

NAME BENEVOLENCE INTERNATIONAL FOUNDATION	EIN: 36-3823186			•
ADDRESS P.O. Box 548	Calendar Year			
110em, IL 60482	Fiscal Year Ende		0-94	********
FORM 990 - SCHEDULE "A"				
PAGE 1, PARTIL. LINE 2 (d)				+
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THE EXECUTIVE DIRECTOR IS REIMHURSEN	FOR			十
DUT-OF POCKET EXPENSES INCURRED IN  INCLUDING:	BUCINES			丁
TENEZ, PROMOTION MEETINGS & OFFIRE				
THESE REIMBURSEMENTS ARE INCLUDED IN	Expenters.			
REPORTED ON FORM 990. PACT II.	2 XPF-NUETC		<del> </del>	+
			1	+
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T				+
THE EXECUTIVE BOARD DOES NOT MAKE	LOANS .			<del>-</del>
10 OTHER ORGANIZATIONS CURRENTES	Tie			<del></del>
BOARD IS CONCENTRATING IT'S MONTH	577			Ī
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